County: Dane
MERITER HEALTH CENTER
334 WEST DOTY STREET MADISON 53703 Phone: (608) 283-2100
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 120
Total Licensed Bed Capacity (12/31/00): 120
Number of Residents on 12/31/00: 113 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled Yes Yes Average Daily Census: 115 ******************************

Services Provided to Non-Residents	Age, Sex, and Primary Diagr	Length of Stay (12/31/00) %					
Home Health Care Supp. Home Care-Personal Care		Primary Diagnosis % Age Groups				Less Than 1 Year 1 - 4 Years	46. 9 34. 5
Supp. Home Care-Household Services	No No	Developmental Disabilities	0. 9	Under 65	7. 1	More Than 4 Years	18. 6
Day Services	No	Mental Illness (Org. /Psy)	1. 8	65 - 74	6. 2		
Respite Care	No	Mental Illness (Other)	1.8	75 - 84	23. 0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	50. 4	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 9	95 & 0ver	13. 3	Full-Time Equivaler	
Congregate Meals	No	Cancer	2. 7			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	25. 7		100. 0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	11. 5	65 & 0ver	92. 9		
Transportation	No	Cerebrovascul ar	17. 7			RNs	8. 3
Referral Service	No	Di abetes	1.8	Sex	%	LPNs	11. 3
Other Services	No	Respi ratory	5. 3			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	30. 1	Male_	22. 1	Aides & Orderlies	24. 6
Mentally Ill	No [Fennale	77. 9		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	Pı	ri vate	Pay		Manage	ed Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	n	Ü	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	10	76. 9	\$253. 34	0	0. 0	\$0.00	0	0. 0	\$0.00	10	15. 6	\$158. 50	7	100. 0	\$246. 50	27	23. 9%
Skilled Care	3	23. 1	\$253.34	29 1	100. 0	\$111. 74	0	0.0	\$0.00	49	76. 6	\$150.50	0	0.0	\$0.00	81	71. 7%
Intermediate				0	0.0	\$0. 00	0	0.0	\$0.00	2	3. 1	\$146.50	0	0.0	\$0.00	2	1.8%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	3	4.7	\$146.50	0	0.0	\$0.00	3	2. 7%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	13	100.0		29	100. 0		0	0.0		64	100.0		7	100.0		113	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti on	s, Services,	and Activities as of	12/31/00
				% N	eedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	0.4	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	1. 2	Bathi ng	0. 9		68. 1	[*] 31. 0	113
Other Nursing Homes	4.8	Dressing	0. 9		68. 1	31. 0	113
Acute Care Hospitals	91. 2	Transferring	13. 3		62. 8	23. 9	113
Psych. HospMR/DD Facilities	0.0	Toilet Use	13. 3		62. 8	23. 9	113
Rehabilitation Hospitals	0.0	Eati ng	20. 4		49. 6	30. 1	113
Other Locations	2.4	****************	******	******	******	*********	******
Total Number of Admissions	249	Continence			pecial Treat		%
Percent Discharges To:		Indwelling Or Externa		6. 2		Respiratory Care	5. 3
Private Home/No Home Health	15. 0	Occ/Freq. Incontinent		58. 4		Tracheostomy Care	0. 0
Private Home/With Home Health	40. 1	Occ/Freq. Incontinent	of Bowel	58. 4	Recei vi ng S		3. 5
Other Nursing Homes	2. 4					Ostomy Care	0. 9
Acute Care Hospitals	8. 1	Mobility_	_			Tube Feeding	3. 5
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	15. 0	Recei vi ng 1	Mechanically Altered D	iets 20.4
Rehabilitation Hospitals	0.8			_			
Other Locations	12. 1	Skin Care				nt Characteristics	
Deaths	21.5	With Pressure Sores		4. 4		ce Directives	77. 9
Total Number of Discharges		With Rashes		1.8 M	edi cati ons		
(Including Deaths)	247				Recei vi ng l	Psychoactive Drugs	40. 7
*********	*****	*********	******	*****	******	*********	*****

	Thi s	Other Hospital-	Α	11	
	Facility	Based Facilities	Facilties		
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95. 8	87. 5 1. 10	84. 5	1. 13	
Current Residents from In-County	93. 8	83. 6 1. 12	77. 5	1. 21	
Admissions from In-County, Still Residing	19. 3	14. 5 1. 33	21. 5	0. 90	
Admissions/Average Daily Census	216. 5	194. 5 1. 11	124. 3	1. 74	
Discharges/Average Daily Census	214. 8	199. 6 1. 08	126. 1	1. 70	
Discharges To Private Residence/Average Daily Census	118. 3	102. 6 1. 15	49. 9	2. 37	
Residents Receiving Skilled Care	95. 6	91. 2 1. 05	83. 3	1. 15	
Residents Aged 65 and Older	92. 9	91. 8 1. 01	87. 7	1.06	
Title 19 (Medicaid) Funded Residents	25. 7	66. 7 0. 38	69. 0	0. 37	
Private Pay Funded Residents	56. 6	23. 3 2. 43	22. 6	2. 51	
Developmentally Disabled Residents	0. 9	1.4 0.65	7. 6	0. 12	
Mentally Ill Residents	3. 5	30. 6 0. 12	33. 3	0. 11	
General Medical Service Residents	30. 1	19. 2 1. 57	18. 4	1.63	
Impaired ADL (Mean)*	59. 5	51. 6 1. 15	49. 4	1. 20	
Psychological Problems	40. 7	52. 8 0. 77	50. 1	0.81	
Nursing Care Required (Mean)*	5. 0	7. 8 0. 64	7. 2	0.70	